

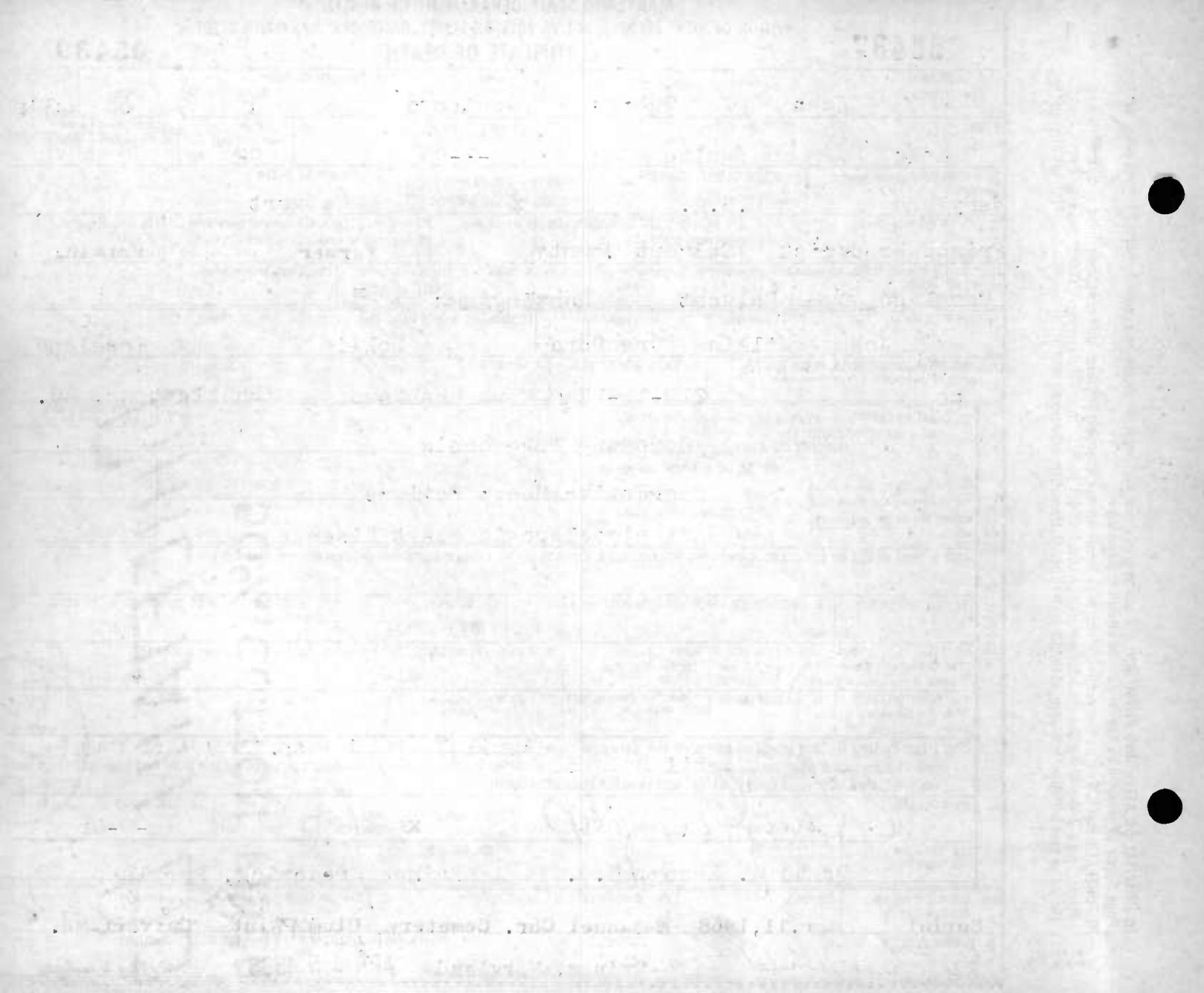
MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death.

Page 4 may be retained by the hospital or attending physician.
TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

1. DECEASED NAME (Type or print)				First	Middle	Lost	2a. DATE OF DEATH Month	Day	Year	2b. HOUR			
				John	Thomas	Cranford	4	9	68	6:30 a.m.			
3. SEX		4. RACE		5. DATE OF BIRTH			6. AGE (In years lost birthday)		IF UNDER 24 HRS. MONTHS DAYS HOURS MIN.				
male		white		4-2-96			72 yrs.						
7a. BIRTHPLACE (State or foreign country)		7b. CITIZEN OF WHAT COUNTRY?		8. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>			9. COUNTY OF DEATH						
Maryland		U.S.A.					Calvert						
10. CITY OR TOWN OF DEATH				11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address)			12a. USUAL OCCUPATION (Kind of work done during most of working life, even if retired.)				12b. KIND OF BUSINESS OR INDUSTRY		
Prince Frederick				Calvert County			Farmer				Farming		
13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) STATE				13b. COUNTY		13c. CITY OR TOWN	13d. INSIDE CITY LIMITS? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		13e. STREET AND NUMBER				
Maryland				Calvert		Huntingtown							
14. FATHER'S NAME				First	Middle	Lost	15. MOTHER'S MAIDEN NAME	First	Middle	Lost			
				John	William	Cranford	Lollie				Freeland		
16a. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no, or unknown)				16b. SOCIAL SECURITY NO.			17. INFORMANT			Address			
no				219-16-1740			Mark Cranford			Huntingtown, Md.			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))													
PART I. DEATH WAS CAUSED BY:													
IMMEDIATE CAUSE (a) <u>Coronary Thrombosis</u>													
4109 DUE TO, OR AS A CONSEQUENCE OF													
Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause (b) <u>Congestive Heart Failure</u>													
DUE TO, OR AS A CONSEQUENCE OF													
(c) <u>Arteriosclerotic Heart Disease</u>													
PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)													
4201		19a. DATE OF OPERATION				19b. CONDITION FOR WHICH OPERATION WAS PERFORMED			20a. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?			
X													
MEDICAL CERTIFICATION													
21a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (If either, notify medical examiner)		21b. TIME OF INJURY HOUR A.M. P.M.		21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) Month Day Year 19									
21d. INJURY OCCURRED While <input type="checkbox"/> Not while <input type="checkbox"/> at work <input type="checkbox"/> at work <input type="checkbox"/>		21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY, OFFICE BUILDING, ETC.)		21f. LOCATION Street or R.F.D. No.		City or Town		County		State			
22a. I certify that (I) (this hospital) attended the deceased from April 7, 1968, to April 9, 1968, that (I) (we) last saw the deceased alive on April 8, 1968, and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above; (I) (we) (did) (did not) view the body after death.													
22b. SIGNATURE <u>Osman J. Ersoy, M.D.</u> DEGREE ATTENDING PHYS. <input checked="" type="checkbox"/> MED. DIRECTOR <input type="checkbox"/> STAFF PHYS. <input type="checkbox"/>													
22c. DATE SIGNED 4-9-68													
22d. PHYSICIAN'S NAME (Type)				22e. ADDRESS									
Osman J. Ersoy, M.D.				Prince Frederick, Maryland									
23a. BURIAL, CREMATION, REMOVAL (Specify)		23b. DATE		23c. NAME OF CEMETERY OR CREMATORIAL			23d. LOCATION (City or Town)		(County)		(State)		
Burial		Apr. 11, 1968		Emmanuel Chr. Cemetery			Plum Point		Calvert Md.				
24. FUNERAL DIRECTOR		ADDRESS		25a. REC'D BY REGISTRAR			25b. REGISTRAR'S SIGNATURE						
Hutchins Funeral Home		^wings, Maryland					APR 15 1968			<u>Charles Judge</u>			
30M REV. 1/68													



MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH

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Page 4 may be retained by the hospital or attending physician.

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1. DECEASED-NAME (Type or print)			First	Middle	Lost	20. DATE OF DEATH Month	Day	2b. HOUR Year					
			Willie	Gordon	Evans	4	23	12:30 p.m.					
3. SEX		4. RACE		5. DATE OF BIRTH		6. AGE (In years last birthday)		IF UNDER 1 YEAR MONTHS		IF UNDER 24 HRS. MONTHS DAYS HOURS MIN.			
male		white		4-25-93		74 yrs.							
7a. BIRTHPLACE (State or foreign country)		7b. CITIZEN OF WHAT COUNTRY?		8. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>		9. COUNTY OF DEATH							
Maryland		U.S.A.				Calvert							
10. CITY OR TOWN OF DEATH		11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address)				12a. USUAL OCCUPATION (Kind of work done during most of working life, even if retired)				12b. KIND OF BUSINESS OR INDUSTRY			
Prince Frederick		Calvert County Hosp.				Retired				Business			
13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) STATE		13b. COUNTY		13c. CITY OR TOWN		13d. INSIDE CITY LIMITS? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		13e. STREET AND NUMBER					
Maryland		Calvert		Dowell		YES							
14. FATHER'S NAME		First	Middle	Last	15. MOTHER'S MAIDEN NAME		First	Middle	Last				
		George	L	Evans			Georgia	Anna	?				
16a. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no, or unknown		16b. SOCIAL SECURITY NO.		17. INFORMANT		Address				APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH			
no		P16-16-5631		William L. Evans		Dowell, Maryland							
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)													
PART I. DEATH WAS CAUSED BY:													
IMMEDIATE CAUSE (a) Coronary Heart Disease													
4129 DUE TO, OR AS A CONSEQUENCE OF													
Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause (b)													
DUE TO, OR AS A CONSEQUENCE OF													
(c)													
PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)													
4201		19a. DATE OF OPERATION				19b. CONDITION FOR WHICH OPERATION WAS PERFORMED		20a. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>		20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?			
MEDICAL CERTIFICATION													
21a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (If either, notify medical examiner)		21b. TIME OF INJURY HOUR A.M. Month Day Year P.M. 19		21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.)									
21d. INJURY OCCURRED While <input type="checkbox"/> Not while <input type="checkbox"/> at work <input type="checkbox"/>		21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY, OFFICE BUILDING, ETC.)		21f. LOCATION Street or R.F.D. No.		City or Town		County		State			
22a. I certify that (I) (this hospital) attended the deceased from Dec. 25, 1965, to April 23, 1968, that (I) (we) last saw the deceased alive on April 22, 1968, and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above, (I) (we) (did) (did not) view the body after death.													
22b. SIGNATURE <i>Issam F. el Damalouji, M.D.</i>													
22d. PHYSICIAN'S NAME (Type)		22e. ADDRESS		22c. DATE SIGNED 4-23-68									
Issam F. el Damalouji, M.D.		Prince Frederick, Maryland											
23a. BURIAL, CREMATION, REMOVAL (Specify)		23b. DATE Apr. 26, 1968		23c. NAME OF CEMETERY OR CREMATORIAL Ewell Cemetery		23d. LOCATION (City or Town) Smith Island, General Co. Md.		(County)		(State)			
24. FUNERAL DIRECTOR <i>G.A. Shabazz & Son, Port Republic, Md.</i>		ADDRESS				25a. REC'D BY REGISTRAR		25b. REGISTRAR'S SIGNATURE <i>Charles Judge</i>					
						DATE APR 25 1968							

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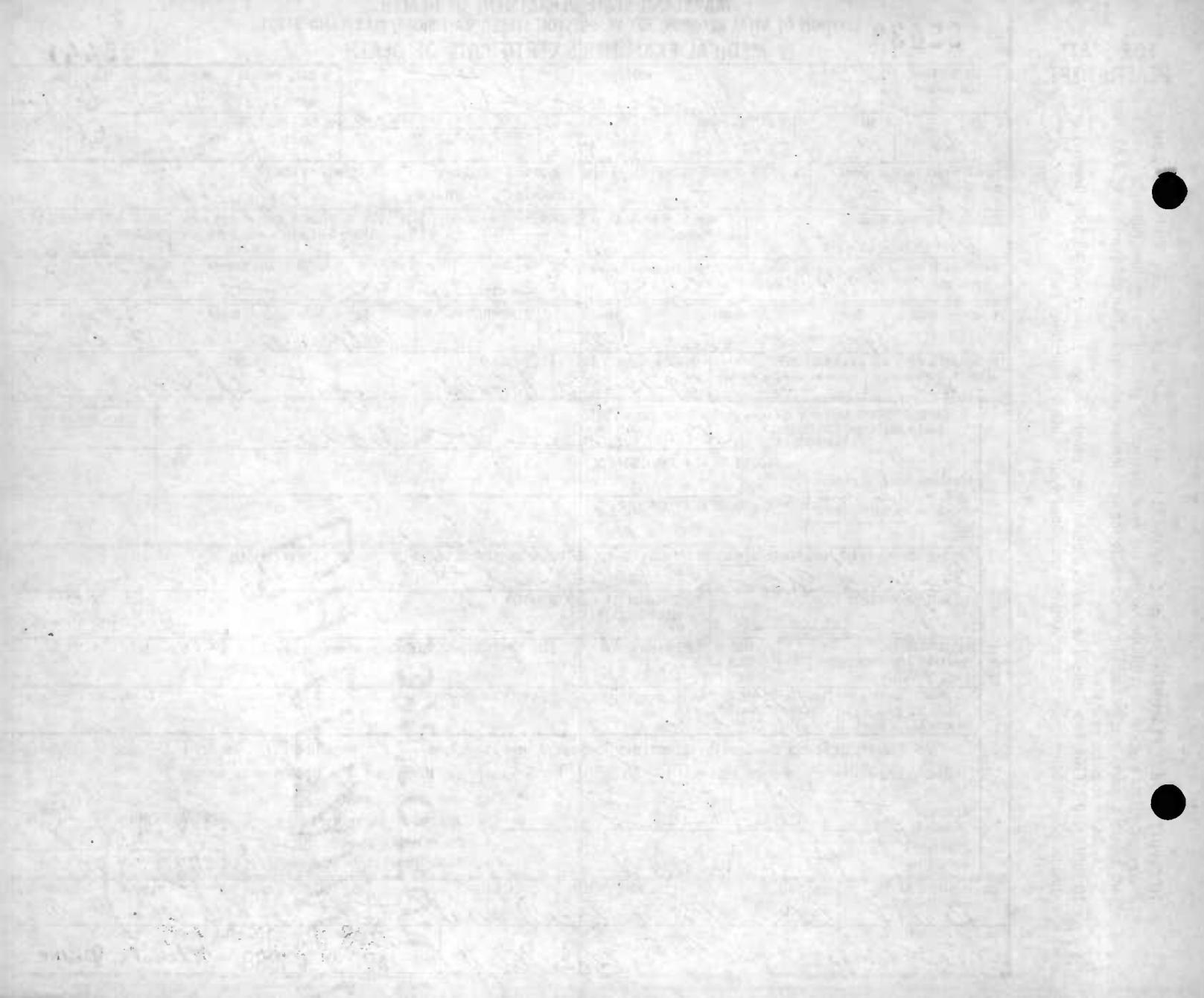


FOR STATE
HEALTH DEPT.

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death if any delay is necessary, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with farm PM3. Page 5 may be retained for your files.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Health prior to burial, cremation, or removal, and in any event within 72 hours after death.

MEDICAL EXAMINER'S CERTIFICATE OF DEATH												
1. DECEASED-NAME (Type or Print)			First	Middle	Last	2a. DATE KNOWN OF ESTI- MATED			Month	Day	Year	
<i>Lewis Henry Jett</i>						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	4	21	1968	
3. SEX		4. RACE	S. DATE OF BIRTH	6. AGE (In years last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	2b. HOUR					
<i>M</i>		<i>W</i>	<i>5/16/16</i>	<i>51</i> YRS.	MONTHS	DAYS	HOURS	MIN.				
7a. BIRTHPLACE (State or foreign country)		7b. CITIZEN OF WHAT COUNTRY		8. MARRIED		NEVER MARRIED	2c. DATE PRONOUNCED DEAD			2d. HOUR		
<i>Md</i>		<i>A.S.A.</i>		<input type="checkbox"/>		<input type="checkbox"/>	WIDOWED	<input type="checkbox"/>	DIVORCED	Month	Day	Year
10. CITY OR TOWN OF DEATH		11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address)				12a. USUAL OCCUPATION (Kind of work done during most of working life, even if retired.)			12b. KIND OF BUSINESS OR INDUSTRY			
<i>Mutual</i>		<i>Calmont Hospital</i>				<i>Farmer</i>			<i>Farming</i>			
13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) STATE		13b. COUNTY		13d. INSIDE CITY LIMITS?		13e. STREET AND NUMBER						
<i>Md</i>		<i>Calvert</i>		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		<i>Howard</i>						
14. FATHER'S NAME		First	Middle	Last	15. MOTHER'S MAIDEN NAME		First	Middle	Last			
<i>Howard Lee Jett</i>					<i>Katherine Elliott</i>							
16a. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)		16b. SOCIAL SECURITY NO. (If yes give war or dates of service)		17. INFORMANT		ADDRESS			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH			
<i>No</i>		<i>219-12-273</i>		<i>Ronald L. Jett - Sh. Leonard, Md.</i>								
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Cardiac failure</i>												
DUE TO, OR AS A CONSEQUENCE OF (b) <i>7824</i> Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. <i>7824</i>												
DUE TO, OR AS A CONSEQUENCE OF (c) <i>Choked dead while looking for lost keys</i>												
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (a) <i>Choked dead while looking for lost keys</i>												
19a. DATE OF OPERATION		19b. CONDITION FOR WHICH OPERATION WAS PERFORMED?		20. AUTOPSY?								
				<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO								
21a. EXTERNAL CAUSE WAS PRIMARY <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21b. TIME OF INJURY Month, Day, Year HOUR A.M. <i>P.M.</i> 19		21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.)								
21d. INJURY OCCURRED WHILE <input type="checkbox"/> NOT WHILE <input type="checkbox"/> AT WORK <input type="checkbox"/> AT WORK <input type="checkbox"/>		21e. PLACE OF INJURY (At home, farm, street, factory, office building, etc.) <i>Mutual</i>		21f. LOCATION Street or R.F.D. No. <i>Mutual</i>			City or Town <i>Mutual</i>			County <i>Calvert</i>	State <i>Md.</i>	
22a. I certify that I took charge of the remains described above, held an Autopsy <input type="checkbox"/> Inspection <input type="checkbox"/> Inquiry <input type="checkbox"/> and in my opinion death resulted from: Natural causes <input type="checkbox"/> Accident <input type="checkbox"/> Suicide <input type="checkbox"/> Homicide <input type="checkbox"/> Undetermined manner <input type="checkbox"/>												
ACTUAL SIGNATURE <i>H. W. Ward</i>		EXAMINER'S NAME (Type) <i>H. W. Ward</i>		M.D.		CHIEF MEDICAL EXAMINER <input type="checkbox"/>						
23a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		23b. DATE <i>April 21, 1968</i>		23c. NAME OF CEMETERY OR CREMATORIAL <i>Hector's Memorial Cemetery, Sh. Leonard, Calvert, Md.</i>		23d. LOCATION (City or Town) (County) (State) <i>Calvert, Md.</i>						
24. FUNERAL DIRECTOR: <i>A. O. Karpnick & Son, Port Republic, Md.</i>		ADDRESS		25a. RECEIVED BY REGISTRAR			25b. REGISTRAR'S SIGNATURE <i>Charles Jude</i>					
				DATE <i>APR 23 1968</i>								



FOR STATE
HEALTH DEPT.

any delay is
as 1, 2, and 3 to
form PW3. Page
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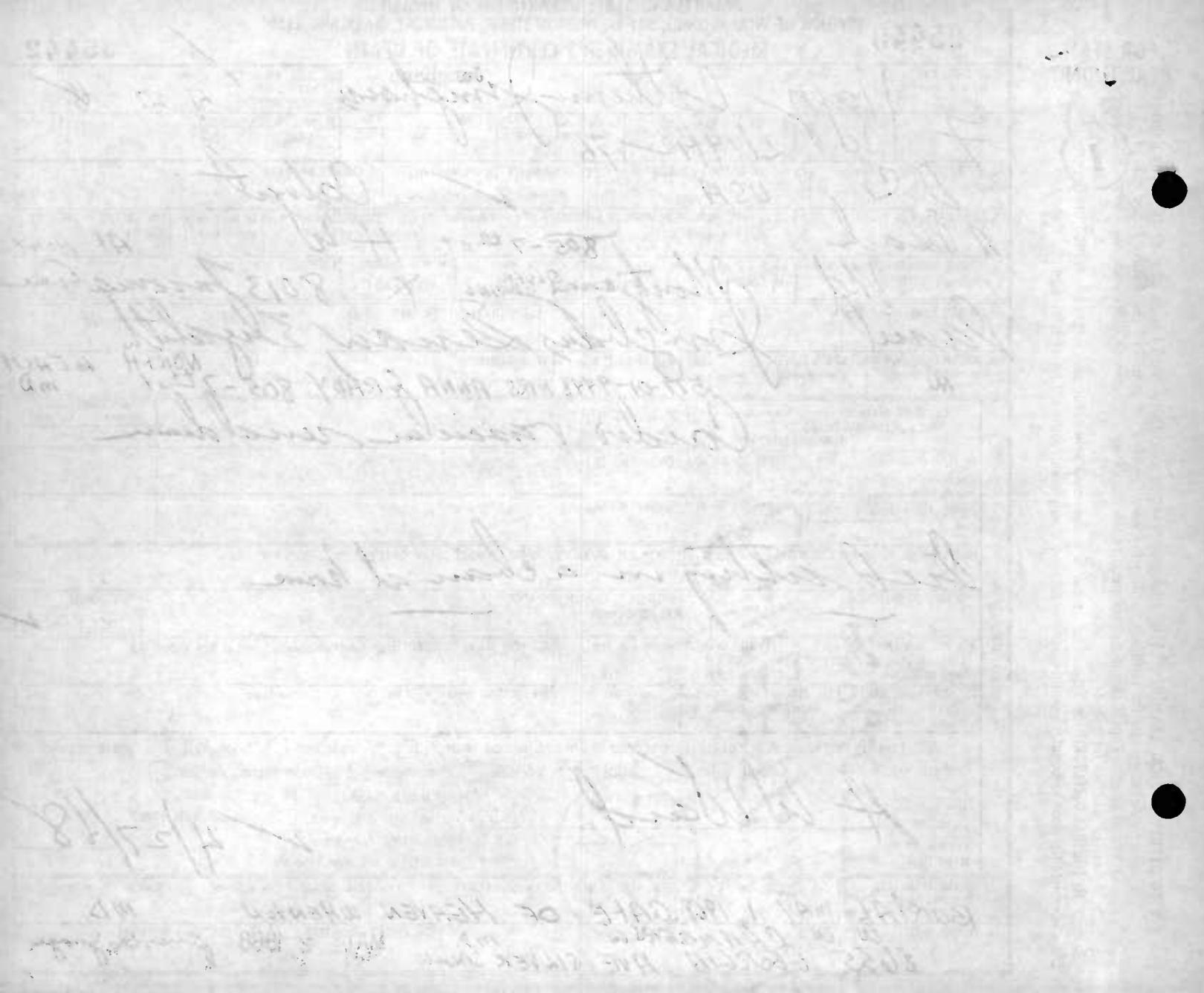
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TO ELIMINATE DIRECTOR B: Page 3 shows

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

1. DECEASED-NAME (Type or Print)		First		Jungblang		2d. HOUR	
3. SEX		4. RACE		5. DATE OF BIRTH		6. AGE (In years last birthday)	
		W		2/14/92		IF UNDER 1 YEAR MONTHS MONTHS YRS.	
						IF UNDER 24 HRS. HOURS HOURS MIN.	
7a. BIRTHPLACE (State or foreign country)		7b. CITIZEN OF WHAT COUNTRY?		8. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>		9. COUNTY OF DEATH	
10. CITY OR TOWN OF DEATH		11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address)		12a. USUAL OCCUPATION (kind of work done during most of working life, even if retired.)		12b. KIND OF BUSINESS OR INDUSTRY	
11. Beach Md		12. 805-7257		13c. CITY OR TOWN		13d. INSIDE CITY LIMITS? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
13a. USUAL RESIDENCE (Where deceased lived, if institution, Residence before admission) STATE		13b. COUNT		14. FATHER'S NAME		15. MOTHER'S MAIDEN NAME	
16a. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, unknown)		16b. SOCIAL SECURITY NO.		16c. MIDDLE NAME		16d. FIRST NAME	
NO		577-01-9448		LAST NAME		ADDRESS	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH					
4120 Conditions, if any, which gave rise to immediate cause (a) stating the underlying cause last. 442X		DUE TO, OR AS A CONSEQUENCE OF (b) DUE TO, OR AS A CONSEQUENCE OF (c)					
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I(a) Bed sitting in a chair at home							
19a. DATE OF OPERATION		19b. CONDITION FOR WHICH OPERATION WAS PERFORMED?		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. EXTERNAL CAUSE WAS PRIMARY <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21b. TIME OF INJURY Month, Day, Year HOUR A.M. P.M. 19		21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.)			
21d. INJURY OCCURRED WHILE <input type="checkbox"/> NOT WHILE <input type="checkbox"/> AT WORK <input type="checkbox"/> AT WORK <input type="checkbox"/>		21e. PLACE OF INJURY (At home, farm, street, factory, office building, etc.)		21f. LOCATION Street or R.F.D. No.		City or Town County State	
22a. I certify that I took charge of the remains described above, held an Autopsy <input type="checkbox"/> , Inspection <input type="checkbox"/> , Inquiry <input type="checkbox"/> , and in my opinion death resulted from: Natural causes <input type="checkbox"/> , Accident <input type="checkbox"/> , Suicide <input type="checkbox"/> , Homicide <input type="checkbox"/> , Undetermined manner <input type="checkbox"/>							
ACTUAL SIGNATURE <i>H W Ward</i>		EXAMINER'S NAME (Type)		CHIEF MEDICAL EXAMINER <input type="checkbox"/> M.D.		22b. DATE SIGNED <i>4/27/68</i>	
23a. BURIAL, CREMATION, REMOVAL (Specify)		23b. DATE		23c. NAME OF CEMETERY OR CREMATORIAL ADDRESS		23d. LOCATION (City or Town) (County) (State)	
BURIAL		MAY 1, 1968		CAFE OF HEAVEN, WHEATON MD.		23e. REGISTRAR'S SIGNATURE <i>people's judge</i>	
24. FUNERAL DIRECTOR		W. W. CHAMBERS & CO. 8655 GEORGIA AVE SILVER SPRING MD.		25a. RECD. BY REGISTRAR MAY 2 1968		25b. REGISTRAR'S SIGNATURE	



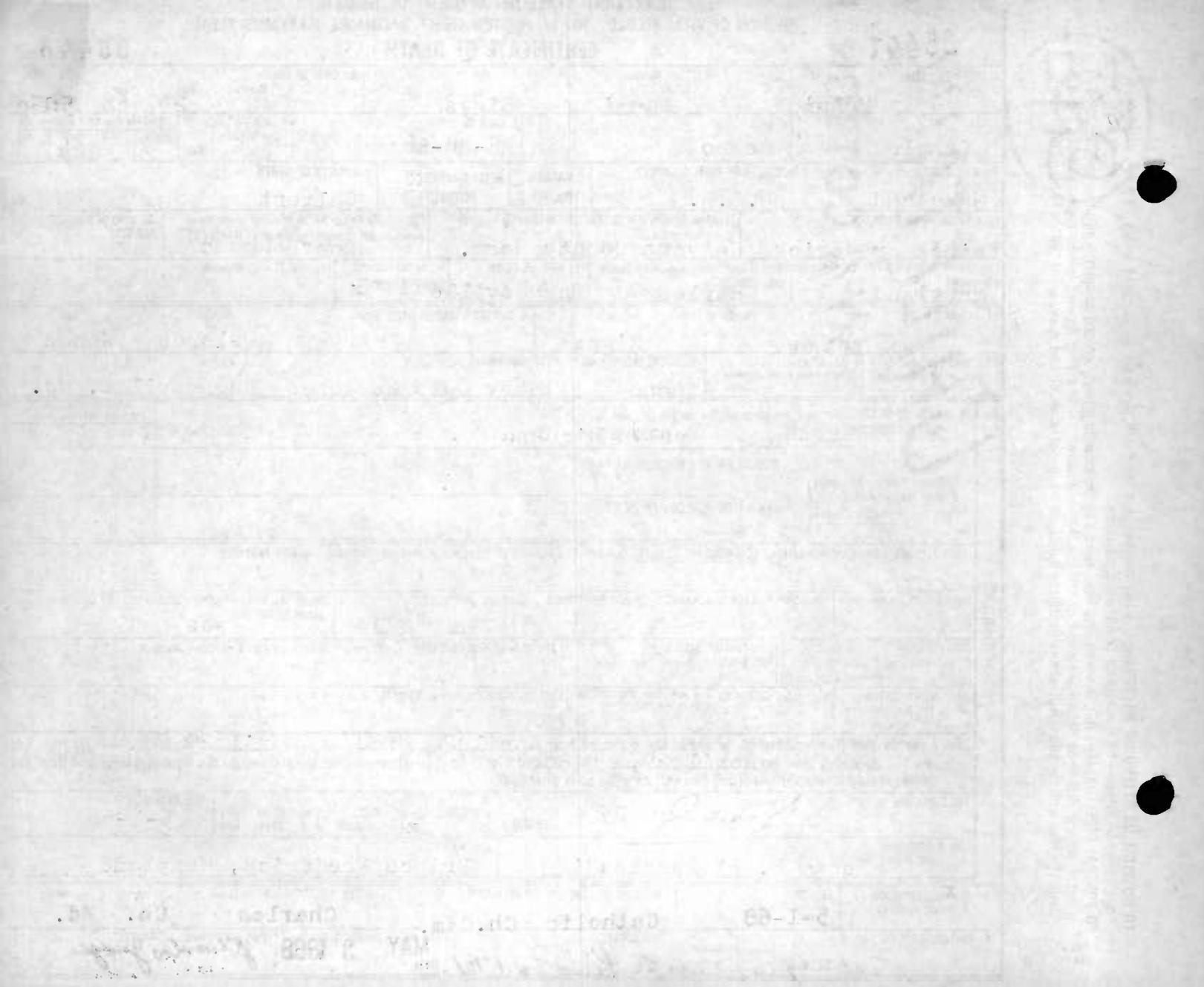
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CERTIFICATE OF DEATH

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1. DECEASED-NAME (Type or print)				First	Middle	Last	2a. DATE OF DEATH Month	Day	Year	2b. HOUR		
Volanda				Naomi	Riggs	4	29	68	5:15 p.m.			
3. SEX		4. RACE		5. DATE OF BIRTH			6. AGE (In years last birthday)		IF UNDER 1 YEAR MONTHS DAYS HOURS MIN.			
female		negro		4-28-68			YRS.		IF UNDER 24 HRS. MONTHS DAYS HOURS MIN.			
7a. BIRTHPLACE (State or foreign country)		7b. CITIZEN OF WHAT COUNTRY?		8. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>			9. COUNTY OF DEATH					
Maryland		U.S.A.					Calvert					
10. CITY OR TOWN OF DEATH		11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address)					12a. USUAL OCCUPATION (Kind of work done during most of working life, even if retired.)			12b. KIND OF BUSINESS OR INDUSTRY		
Prince Frederick		Calvert County Hosp.					none Newborn					
13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) STATE		13b. COUNTY		13c. CITY OR TOWN			13d. INSIDE CITY LIMITS? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		13e. STREET AND NUMBER			
Maryland		Charles		Hughesville								
14. FATHER'S NAME		First	Middle	Last	15. MOTHER'S MAIDEN NAME			First	Middle	Last		
		Charles		Riggs	Mary			Delores		Jones		
16a. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no, or unknown)		16b. SOCIAL SECURITY NO.		17. INFORMANT			Address					
no		none		Mary Delores Jones			Hughesville, Md.					
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)												
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Hyaline Disease												
7761												
APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH												
Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause (b)												
DUE TO, OR AS A CONSEQUENCE OF (b)												
DUE TO, OR AS A CONSEQUENCE OF (c)												
PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I(a)												
7730												
19a. DATE OF OPERATION		19b. CONDITION FOR WHICH OPERATION WAS PERFORMED				20a. AUTOPSY?		20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? yes				
YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>						YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>						
21a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (If either, notify medical examiner)		21b. TIME OF INJURY Hour A.M. Month Day Year P.M. 19		21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.)								
21d. INJURY OCCURRED While <input type="checkbox"/> Not while <input type="checkbox"/> at work <input type="checkbox"/> at work <input type="checkbox"/>		21e. PLACE OF INJURY (At HOME, FARM, STREET, FACTORY, OFFICE BUILDING, ETC.)		21f. LOCATION Street or R.F.D. No.		City or Town		County		State		
22o. I certify that (I) (this hospital) attended the deceased from April 28, 1968, to April 29, 1968, that (I) (we) last saw the deceased alive on April 29, 1968 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above, (I) (we) (did) (did not) view the body after death.												
22b. SIGNATURE <u>Issam F. el Damalouji</u>												
22c. DEGREE		ATTENDING PHYS.		MED. DIRECTOR		STAFF PHYS.		22c. DATE SIGNED 5-1-68				
22d. PHYSICIAN'S NAME (Type)		22e. ADDRESS		Prince Frederick, Maryland								
Issam F. el Damalouji												
23a. BURIAL, CREMATION, REMOVAL (Specify)		23b. DATE 5-1-68		23c. NAME OF CEMETERY OR CREMATORIAL Catholic Ch.Cem.			23d. LOCATION (City or Town) Charles		(County) Co.		(State) Md.	
24. FUNERAL DIRECTOR <u>Lukkney E. Sevall Prince Fred, Md.</u>		ADDRESS		25. SIGNED BY REGISTRAR MAY 3 1968			25b. REGISTRAR'S SIGNATURE <u>Charles Judge</u>					



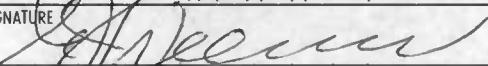
MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

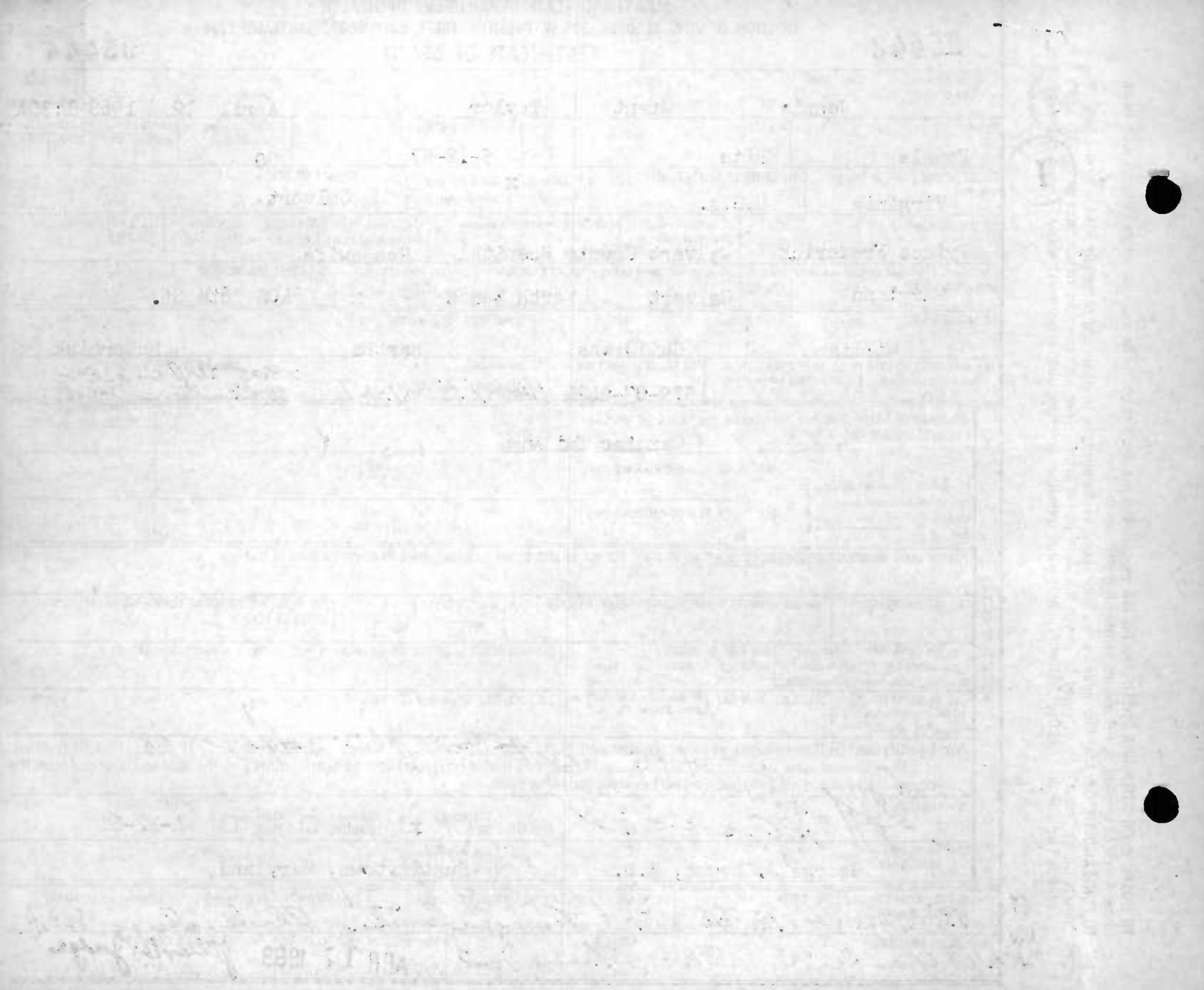
CERTIFICATE OF DEATH

05444

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers (page 1 and 2) and file with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

1. DECEASED-NAME (Type or print)				First Jennie	Middle Grant	Last Taylor	2a. DATE OF DEATH Month April	Doy 12	Year 1968	2b. HOUR 1:30AM								
3. SEX Female		4. RACE White			5. DATE OF BIRTH 5-18-87			6. AGE (In years lost birthday) 80 YRS.		IF UNDER 1 YEAR MONTHS 0		IF UNDER 24 HRS. DAYS 0		HOURS 0		MIN. 0		
7a. BIRTHPLACE (State or foreign country) Virginia		7b. CITIZEN OF WHAT COUNTRY? U.S.A.			8. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>			9. COUNTY OF DEATH Calvert			Md.							
10. CITY OR TOWN OF DEATH Prince Frederick		11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address) Calvert County Hospital			12a. USUAL OCCUPATION (Kind of work done during most of working life, even if retired.) Housewife			12b. KIND OF BUSINESS OR INDUSTRY McCormick										
13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) Maryland		13c. CITY OR TOWN Calvert			13d. INSIDE CITY LIMITS? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			13e. STREET AND NUMBER 408 6th St.										
14. FATHER'S NAME William		First C	Middle Childress	Last 	15. MOTHER'S MAIDEN NAME First Martha													
16a. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no, or unknown) No		16b. SOCIAL SECURITY NO. 579-03-8424			17. INFORMANT HARRY H BRYANT			2805 Urbana Dr Wheaton Md.										
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)												APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH						
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) Cardiac failure																		
7824 Conditions, if any, which gave rise to immediate cause (o), stating the underlying cause lost. (b)																		
DUE TO, OR AS A CONSEQUENCE OF (c)																		
PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o) 7824																		
19a. DATE OF OPERATION		19b. CONDITION FOR WHICH OPERATION WAS PERFORMED					20a. AUTOPSY?		20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?									
							YES <input type="checkbox"/> NO <input type="checkbox"/>											
21a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (If either, notify medical examiner)		21b. TIME OF INJURY Hour A.M. Month Day Year P.M. 19			21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.)													
21d. INJURY OCCURRED While <input type="checkbox"/> Not while <input type="checkbox"/> at work <input type="checkbox"/> at work <input type="checkbox"/>		21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY, OFFICE BUILDING, ETC.)			21f. LOCATION Street or R.F.D. No.		City or Town		County		State							
22a. I certify that (I) (this hospital) attended the deceased from 4-2-68 , to 4-12-68 , that (I) (we) last saw the deceased alive on 4-19-68 , and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above, (I) (we) (did) (did not) view the body after death.												22c. DATE SIGNED 4-12-68						
22b. SIGNATURE 		22d. ATTENDING PHYS. <input checked="" type="checkbox"/>			22e. MED. DIRECTOR <input type="checkbox"/>			22f. STAFF PHYS. <input type="checkbox"/>										
22g. PHYSICIAN'S NAME (Type) George J. Weems, M.D.		22h. ADDRESS Huntingtown, Maryland																
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		23b. DATE 4-15-68		23c. NAME OF CEMETERY OR CREMATORIAL 7t Lincoln Cemetery			23d. LOCATION (City or Town) Bladensburg		(County) Md.		(State)							
24. FUNERAL DIRECTOR W.W. Chambers & Silver Spring Md		ADDRESS						25a. REC'D BY REGISTRAR APR 17 1968		25b. REGISTRAR'S SIGNATURE Charles Judge								
VR A15 (4) 30M REV. 1/70																		



MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
Item 11 Film G398 1/18/68 L

CERTIFICATE OF DEATH

05445

10 HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death.

Page 4 may be retained by the hospital or attending physician.
TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

1. DECEASED-NAME (Type or print)		First Irene	Middle White	20. DATE OF DEATH Month 4 Day 19 Year 68	2b. HOUR 9 A M
3. SEX M	4. RACE C	S. DATE OF BIRTH Nov. 14-1891	6. AGE (In years last birthday) 76 YRS.	IF UNDER 1 YEAR MONTHS 00 DAYS 04 HOURS 00 MIN. 00	
7b. BIRTHPLACE (State or foreign country) Maryland	7b. CITIZEN OF WHAT COUNTRY? U.S.A.	8. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	9. COUNTY OF DEATH Calvert Co.		
10. CITY OR TOWN OF DEATH Prince Frederick	11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address) At Home	12a. USUAL OCCUPATION (Kind of work done during most of working life, even if retired.) Domestic	12b. KIND OF BUSINESS OR INDUSTRY		
13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) STATE Maryland	13b. COUNTY Calvert	13c. CITY OR TOWN Prince Frederick	13d. INSIDE CITY LIMITS? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	13e. STREET AND NUMBER	
14. FATHER'S NAME First Gilbert	Middle Henson	15. MOTHER'S MAIDEN NAME First Martha	Middle Hebert	Lost	
16a. WAS DECEASED EVER IN U.S. ARMED FORCES? (If yes give war or dates of service) Yes, no, or unknown	16b. SOCIAL SECURITY NO.	17. INFORMANT Joseph White Prince Frederick, Md.	Address		
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Acute Upper Resp Infection 9 days 4129 DUE TO, OR AS A CONSEQUENCE OF (b) Cerebral Vasculac Thrombosis 2 years DUE TO, OR AS A CONSEQUENCE OF (c) Art Selective C.V. disease					
APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH					
PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o)					
19a. DATE OF OPERATION 4/22/		19b. CONDITION FOR WHICH OPERATION WAS PERFORMED	20a. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?	
21a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (If either, notify medical examiner)		21b. TIME OF INJURY HOUR A.M. Month Day Year P.M. 19	21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.)		
21d. INJURY OCCURRED While <input type="checkbox"/> Not while <input type="checkbox"/> at work <input type="checkbox"/> at work <input type="checkbox"/>		21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY, OFFICE BUILDING, ETC.)	21f. LOCATION Street or R.F.D. No.	City or Town	County State
22a. I certify that (I) (this hospital) attended the deceased from Feb. 19 1966 to April 19 68 , that (I) () last saw the deceased alive on 1-18-68 19 68 , and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above, (I) (we) (did) (did not) view the body after death.					
22b. SIGNATURE <i>George C. Jett</i>		DEGREE Page C. Jett, M.D.	ATTENDING PHYS. <input checked="" type="checkbox"/>	MED. DIRECTOR <input type="checkbox"/> STAFF PHYS. <input type="checkbox"/>	22c. DATE SIGNED 4-22-68
22d. PHYSICIAN'S NAME (Type)		22e. ADDRESS Prince Frederick, Md.			
23a. BURIAL, CREMATION, REMOVAL (Specify) 4-23-68		23c. NAME OF CEMETERY OR CREMATORIAL Carrolls Ch.Cem	23d. LOCATION (City or Town) Barstow	(County) Cal. Md.. (State)	
24. FUNERAL DIRECTOR Finney E. Sewell		ADDRESS Prince Frederick	25a. REC'D BY REGISTRAR APR 23 1968	25b. REGISTRAR'S SIGNATURE <i>Charles Jett</i>	

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MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH

05446

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

1. DECEASED NAME (Type or print)		First Jesse	Middle Jackson	Last Yorker	2a. DATE OF DEATH Month 4	Day 10	Year 68	2b. HOUR 7:20pm																
3. SEX male		4. RACE white		S. DATE OF BIRTH 3-9-90	6. AGE (In years last birthday) 78		IF UNDER 1 YEAR MONTHS YRS.	IF UNDER 24 HRS. HOURS MIN																
7a. BIRTHPLACE (State or foreign country) New Jersey		7b. CITIZEN OF WHAT COUNTRY? U.S.A.		8. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	9. COUNTY OF DEATH Calvert																			
10. CITY OR TOWN OF DEATH Prince Frederick		11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address) Calvert County		12a. USUAL OCCUPATION (Kind of work done during most of working life, even if retired.) retired		12b. KIND OF BUSINESS OR INDUSTRY Electrician																		
13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) STATE Maryland		13b. CITY OR TOWN Calvert		13c. INSIDE CITY LIMITS? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	13e. STREET AND NUMBER -																			
14. FATHER'S NAME First Theodore		Middle Yorker	Last Kerrick	15. MOTHER'S MAIDEN NAME First Ellen		Middle	Last																	
16a. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no, or unknown) (If yes give war or dates of service) yes		16b. SOCIAL SECURITY NO. W.W.I 579-03-3859		17. INFORMANT Edna Yorker		Address Solomons, Maryland																		
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) <table border="0" style="width: 100%;"> <tr> <td style="width: 15%;">PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)</td> <td colspan="2">Coronary Occlusion</td> <td style="width: 15%;">APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 6 hours</td> </tr> <tr> <td>4109</td> <td colspan="2"></td> <td></td> </tr> <tr> <td>Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. 4201</td> <td colspan="2">Art. Sclerotic C.S. Disease</td> <td>2 years</td> </tr> <tr> <td></td> <td colspan="2">Auricular Thrombosis</td> <td></td> </tr> </table>									PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	Coronary Occlusion		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 6 hours	4109				Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. 4201	Art. Sclerotic C.S. Disease		2 years		Auricular Thrombosis		
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	Coronary Occlusion		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 6 hours																					
4109																								
Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. 4201	Art. Sclerotic C.S. Disease		2 years																					
	Auricular Thrombosis																							
PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) <table border="0" style="width: 100%;"> <tr> <td style="width: 15%;">Prostatitis</td> <td colspan="2"></td> <td style="width: 15%;"></td> </tr> </table>									Prostatitis															
Prostatitis																								
19a. MEDICAL CERTIFICATION		19b. DATE OF OPERATION		19c. CONDITION FOR WHICH OPERATION WAS PERFORMED		20a. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?																	
21a. ACCIDENT WAS UNDERLYING □ OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (If either, notify medical examiner)		21b. TIME OF INJURY HOUR A.M. Month Day Year P.M. 19		21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.)																				
21d. INJURY OCCURRED While <input type="checkbox"/> Not while <input type="checkbox"/> at work <input type="checkbox"/> at work <input type="checkbox"/>		21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY, OFFICE BUILDING, ETC.)		21f. LOCATION Street or R.F.D. No.		City or Town	County	State																
22a. I certify that (I) (this hospital) attended the deceased from Nov. 25, 1967 , to April 10 1968 , that (I) (we) last saw the deceased alive on April 10 1968 , and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above, (I) (we) (did) (did not) view the body after death.																								
22b. SIGNATURE <i>Page C. Jett</i>		DEGREE M.D.	ATTENDING PHYS. <input checked="" type="checkbox"/>	MED. DIRECTOR <input type="checkbox"/>	STAFF PHYS. <input type="checkbox"/>	22c. DATE SIGNED 4/16/68																		
22d. PHYSICIAN'S NAME (Type)		22e. ADDRESS Prince Frederick, Maryland																						
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE April 13, 1968	23c. NAME OF CEMETERY OR CREMATORIUM Solomons Meth. Cemetery		23d. LOCATION (City or Town) Solomons Calvert, Md.		(County) (State)																	
24. FUNERAL DIRECTOR <i>A.J. Starkes & Son, Port Republic Md.</i>		ADDRESS Port Republic, Md.		25a. REC'D BY REGISTRAR APR 15 1968		25b. REGISTRAR'S SIGNATURE <i>Charles Judge</i>																		

